**APPLICATION FOR FUNDING SUPPORT UNDER** **[OPERATOR]RURAL AND REGIONAL BUS SERVICE CONTRACTS [NUMBER]**

**STATUTORY DECLARATION**

I, [YOUR NAME ], [Occupation] of [Company Name], [Address],

do solemnly and sincerely declare to Transport NSW on [Date]for the purposes of Funding Support of [Number][replacement/additional/growth] buses for Contract / Region [Number] Financial Year allocation [insert financial year ] that the [Manufacturer] chassis and [Manufacturer] bus body satisfy the following Transport for NSW conditions:-

1. The bus(es) comply with Transport NSW Bus Specifications;
2. The bus(es) were purchased from the Bus Procurement Panel; [INSERT PANEL ORDR ID NO]
3. Any and all extras / amendments to Transport NSW Bus Specifications are identified in full;

1. There are no extended or unusual warranty(ies) included, or if so, they are specified separately;
2. Extended warranties have not been provided in lieu of fleet discounts, or if so, they are specified separately;
3. The purchase price does not include any maintenance support or agreement other than what is specified in the application, or if so, are specified separately;
4. An acknowledgement that there has been no artificial inflation of the purchase price;
5. I confirm that all bus option configurations approved on the TfNSW Bus Portal Order have been included on the completed bus (es) by the prime bus contractor and passed our inspections.

I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1900.

………………………………………………… *[signature of declarant]*

Declared at [Place]……………………………………………………………………………………………….

this [Day] of [Month], ……………….[Year] before me ………………………………………*[signature of witness]*

 …………………………………………………*[title of witness]*

*[Justice of the Peace/Solicitor/Notary Public]*

*I …………………………………... a ……………………………………………..*

[ name of authorised person] [ qualification of authorised witness]

 *Certify the following matters concerning the making of this statutory declaration by the person who made it*: [\* please cross out any text that does not apply ]

1. *\* I saw the face of the person OR\* I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering and*
2. *\* I have known the person for at least 12 months OR \* I have confirmed the person’s identity using an identification document and that document I relied upon was [\*describe identification document relied on ]*

…………………………………. …………………………………………

 [ signature of authorised person] [date]

TfNSW Document updated 26 June l 2013